

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/748450</div>		Filing Date				
							Applicant(s)						
<div style="font-size: 0.8em;"> 6/13/06 AS FILED AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT </div>							<div style="font-size: 0.8em;">* May be used for additional claims or amendments</div>						
CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3												
Total Depend	72												
Total Claims	75												

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